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An expert answers the most important questions about a disease that afflicts 10 million Americans

You CAN Fight Depression

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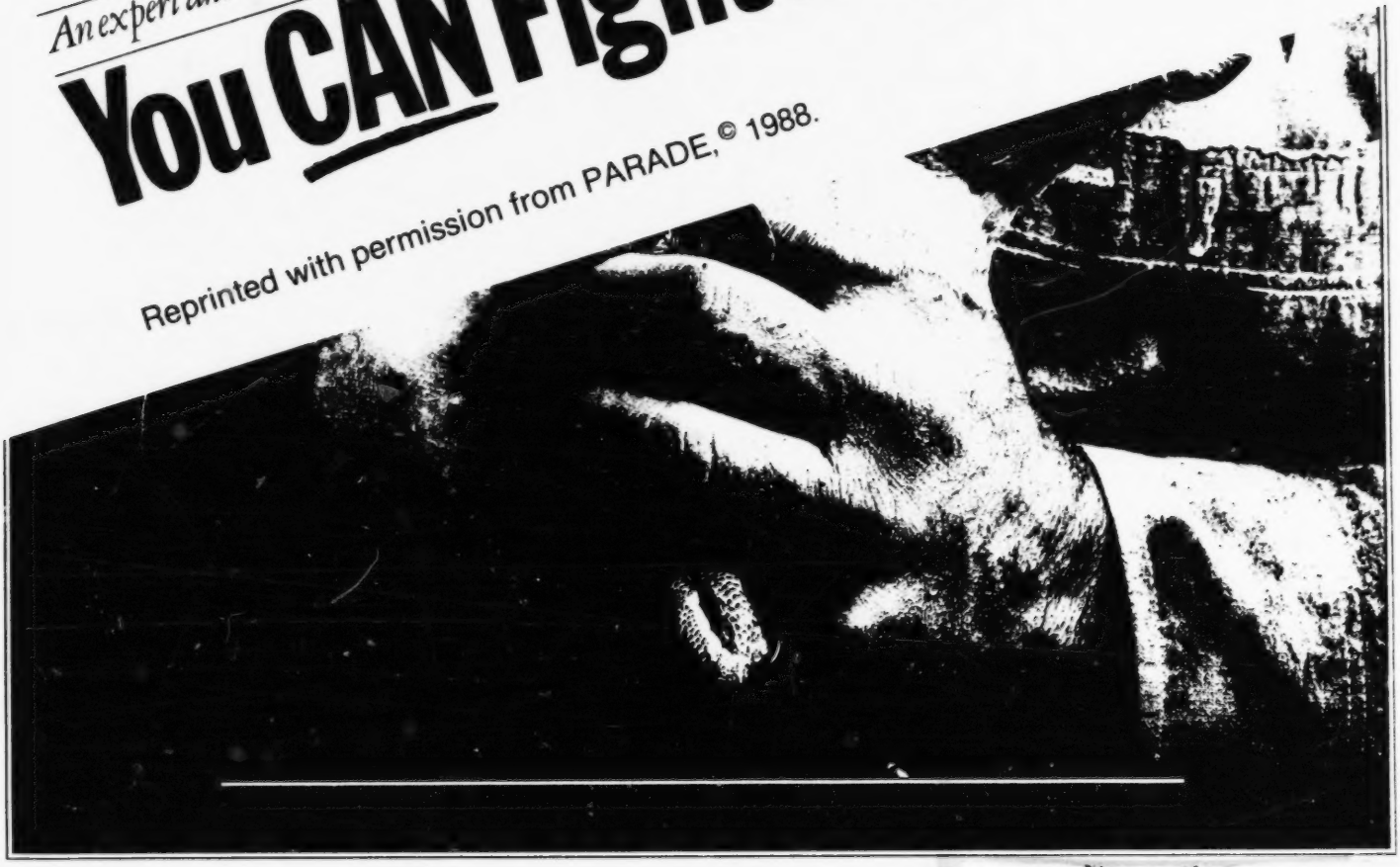

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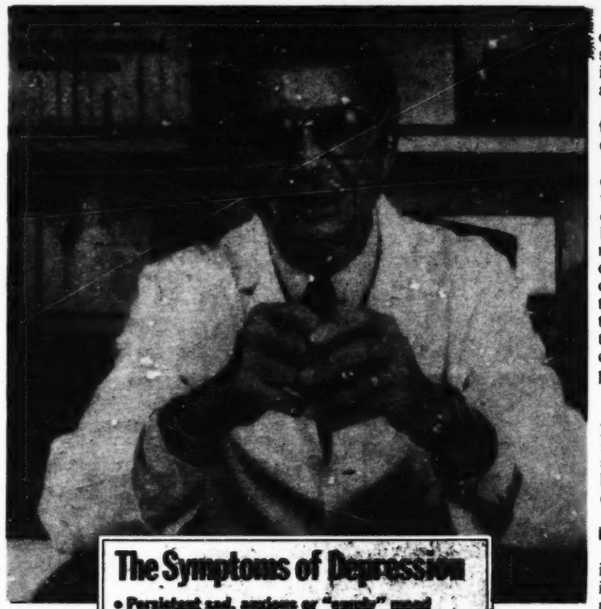
You CAN Fight Depression

You feel sad, almost like crying. Sometimes you do cry. Mostly, you feel hopeless, overwhelmed, unable to move or to work. Your problems weigh on you like so many stones on your chest. And you see no way of lifting those weights. Those feelings may persist without letting up for weeks or even years. A psychiatrist would say that you are depressed.

Up until a few years ago, doctors could do little to lighten the burden of depression. But now they have a variety of treatments to raise even the most depressed from the pits of despair. And that's good news for the 10 million Americans who each year slide into the blackness of depression. Unfortunately, most remain untreated and continue to suffer. Many die by their own hand.

A new federally sponsored program starts this month to help the millions of untreated depressives among us. To help you understand this disorder better, PARADE asked Dr. Lewis L. Judd, director of the National Institute of Mental Health, to answer the following questions.



Many people believe a depressed person puts on an act. With just a little willpower, they say, he or she could be cheerful again. Is this true?

Depression is neither an act nor a failure of willpower. It's a real disease, just as a heart attack is real. Depression produces physical, emotional and thinking symptoms. [See box.] Without treatment, depression can last for years and can even end in suicide. With treatment, as many as nine out of 10 people recover.

How can you tell if a person is really generally depressed or saddened by some specific event, like a death in the family?

Everyone gets the blues or feels sad from time to time. If the symptoms grow too strong and last too long, the line is crossed from sadness to depression. The dividing line may seem fuzzy, but if four or more symptoms persist for more than two weeks, you should seek professional help.

We know that depression takes several disguises or forms. How can you tell which is which?

Some people suffer only one episode of depression in a lifetime; others may fall victim to depression many times. In still others, depression weighs so heavily that they can't function at all. In many, the symptoms appear constantly and for a long time, but in milder form. Many patients go through cycles of deep, depressive "lows" and soaring, manic "highs." Their moods sweep from one pole to the other, so doctors call it "bipolar disorder" or "manic-depressive" illness.

Are more people depressed these days than they were in the past?

We do not know for sure, but it is not likely. With increased awareness and much better diagnostic methods, we are more accurately identifying and treating more depressed people. As a result, it may seem as if there are more depressed people, when actually we are much more alert to the disease now.

Depression often leads to suicide. How common is suicide among the depressed?

If not properly treated, one out of seven severe depressives eventually will commit suicide. That's a higher death rate than from most other serious diseases. More men—particularly older white men—than women commit suicide. We don't understand the sex differences. We can, the statistics indicate, prevent suicide with quick diagnosis and treatment.

Are men or women more susceptible to depression? And what about different ages?

Although more men who suffer from depression commit suicide, twice as many women suffer from major depression but do not resort to suicide. Again, we don't know why. Bipolar disorder affects equal numbers of men and women. As for age, depression afflicts far more people under the age of 45 and fewer of those over the age of 65. However, depression in the elderly is serious and needs careful treatment. Depression can emerge in adolescence, but it usually first appears in patients in their early 20s.

Does depression run in families?

In the past 10 years, research has proved that depressive disorders appear in families, especially the manic-depressive/bipolar disorder. Some scientists have identified genes that they say are common to patients with depression.

Does something go wrong with the brain chemistry to cause depression?

Yes. Abnormalities have been found in the chemical signals between nerves in the brain. Those chemicals are called neurotransmitters. Depression-relieving drugs seem to correct neurotransmitter faults.

Is brain chemistry the only cause of depression?

No. Physical illness, abnormal hormone systems and certain medicines can bring on depression. Distressing life events—the loss of a loved one or a job—could trigger the symptoms. You may be at risk if you depend too much on others for help in your life or if you don't think much of yourself.

Are women more susceptible to depression during menopause? Does menstruation affect depression?

Depression actually *decreases* among women between the ages of 45 and 60. As for menstruation and depression, we still are researching this.

Do men suffer depression more in their 40s, when they realize they may not have reached the youthful goals they had set for themselves?

Depression does peak among men between the ages of 25 and 45, but we have no evidence that it arises from failed youthful expectations. However, the 40s are the years in which negative life events occur frequently. Such negative events can initiate depression.

Many people seem to become more depressed in the winter or around the holidays. Why?

Recently, we discovered that some people actually do become depressed during the winter months. We call it Seasonal Affective Disorder. The absence of bright daylight causes chemical changes in the brain. We have been able to treat such patients successfully with artificial bright light that has all the colors of sunlight.

As for holidays, many people get nostalgic and think about old times around Christmas, Easter and other special holidays and anniversaries. Especially for people who live alone or who are having problems, such thoughts can contribute to feeling blue. No data exist which tell us with certainty that people become clinically depressed more around holidays than at other times. However, a person who is already sick with depression no doubt will have a hard time during holiday seasons.

There are many medicines now that bring people out of depression. Could you sort them out for us?

This is the most exciting and hopefilled part of the depression story. Among the new drugs now available, we can find at least one or two that bring a depressed patient back to normal. We could not do that a few years ago.

We have three groups of medicines: tricyclic antidepressants, monoamine oxidase inhibitors and lithium. All three alter the brain's chemicals. They restore to normal the depressed patient's mood, appetite, energy level, outlook, sleep patterns and concentration. The tricyclics are the basic weapons against major depression, with the monoamine oxidase inhibitors as backups. Lithium works most effectively against bipolar disease.

What are the side effects of antidepressive drugs? Can they be avoided?

The most common side effects include dry mouth, constipation, dizziness and drowsiness—usually all mild. While taking monoamine oxidase inhibitors, patients should avoid certain foods—cheese, among others—to avert serious side effects.

Can psychotherapy—often called "the talking treatment"—help depressed people as much as medication can?

In patients who are not too severely depressed, the "talking treatment" seems to work as well as medication. But in major depression, symptoms generally are relieved more rapidly by drugs than by psychotherapy. Most people do best when doctors treat them by combining drugs with psychotherapy.

Does shock therapy really work? Many people claim it destroys brain cells and memory.

If a severely depressed patient threatens suicide or doesn't respond to drugs, we rely on electroconvulsive therapy (ECT), commonly called shock therapy. It is effective and quick-acting. Because we have better medicines now, we use ECT less and less. But new techniques also make ECT safer than it used to be. It now produces less of the temporary confusion and less memory loss than it once did.

How can a depressed person's family help?

The very nature of depression keeps the victim from seeking help. Family and friends can help most by encouraging patients to get the right treatment or even by taking them to the doctor. Overall, support, love, patience and encouragement help far more than do blame, lecturing and argument.

Where can a family get help?

The first line of defense is the family doctor, a clinic or a health-maintenance organization. Next, psychiatrists, psychologists, family therapists and social workers can work with the patient to give the "talking treatment." But of these, only psychiatrists, who are medical doctors as well, can prescribe drugs. Many mental health centers, hospitals and universities have depression programs.

The National Institute for Mental Health has begun a new program on depression. What's involved?

We want everyone to know the symptoms of depression and the effective treatments for it. The goal: to help depressed persons get treatment and return more rapidly to normal activities, and perhaps even to save their lives. We are using every means of communication to put the message across. We call our project Depression/Awareness, Recognition and Treatment.

Where can PARADE readers write for more information?

Write to: D/ART Public Inquiries, Dept. P, 5600 Fishers Lane, Room 15C-05, Rockville, Md. 20857.

Depression is a real disease. Untreated, it may last for years and even end in suicide. Treated, as many as nine out of ten people recover.

The Symptoms of Depression

- **Persistent sad, anxious or "empty" mood**
- **Loss of life satisfaction**
- **Hopelessness or pessimism**
- **Guilt, worthlessness or helplessness**
- **Can't give or accept affection**
- **No interest or pleasure in daily activities, including sex**
- **Insomnia, early wakening or late sleeping**
- **Weight gain or appetite change**
- **Physical aches and pains**
- **Excessive crying**
- **Restlessness, irritability or overactivity**
- **Low energy, fatigue or slowed thinking**
- **Can't concentrate, remember or make decisions**
- **Thoughts of death or suicide; suicide attempts**

If you suffer four or more of these symptoms for more than two weeks, you may be depressed and in need of professional help.

BY EARL UBELL

D/ART PROGRAM

DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration • National Institute of Mental Health
DEPRESSION/Awareness, Recognition, and Treatment Program